

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0012765</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																
Facility Name: <u>Pinecrest Manor</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/01</u> to <u>6/30/02</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.																
Address: <u>414 S. Wesley Avenue</u> <u>Mount Morris</u> <u>61054</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																
County: <u>Ogle</u>																		
Telephone Number: <u>(815) 734-4103</u> Fax # <u>(815) 734-7131</u>																		
IDPA ID Number: <u>362181961001</u>																		
Date of Initial License for Current Owners: <u>06/27/63</u>																		
Type of Ownership:																		
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT																		
<input checked="" type="checkbox"/> Charitable Corp.																		
<input type="checkbox"/> Trust																		
IRS Exemption Code <u>501(c)(3)</u>																		
<input type="checkbox"/> PROPRIETARY																		
<input type="checkbox"/> Individual																		
<input type="checkbox"/> Partnership																		
<input type="checkbox"/> Corporation																		
<input type="checkbox"/> "Sub-S" Corp.																		
<input type="checkbox"/> Limited Liability Co.																		
<input type="checkbox"/> Trust																		
<input type="checkbox"/> Other																		
GOVERNMENTAL																		
<input type="checkbox"/> State																		
<input type="checkbox"/> County																		
<input type="checkbox"/> Other																		
In the event there are further questions about this report, please contact: Name: <u>Christine A. Hanover</u> Telephone Number: <u>(312) 634-3400</u> Please send copies of desk reviews or audit adjustments to above address		<table border="1"> <tr> <td rowspan="2"> Officer or Administrator of Provider </td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2"> Paid Preparer </td> <td>(Type or Print Name) _____</td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td rowspan="4"> Paid Preparer </td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) <u>Altschuler, Melvoin and Glasser, LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td> </tr> <tr> <td colspan="2"> (Telephone) <u>(312) 634-3400</u> Fax # <u>(312) 634-5518</u> </td> </tr> <tr> <td colspan="2"> MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </td> </tr> </table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) _____	(Title) _____	Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser, LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	(Telephone) <u>(312) 634-3400</u> Fax # <u>(312) 634-5518</u>		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
Officer or Administrator of Provider	(Signed) _____																	
	(Date) _____																	
Paid Preparer	(Type or Print Name) _____																	
	(Title) _____																	
Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>																	
	(Date) _____																	
	(Print Name and Title) _____																	
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SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Pinecrest Manor# 0012765 Report Period Beginning: 7/1/2001 Ending: 6/30/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>49</u>	Skilled (SNF)	<u>49</u>	<u>17,885</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>95</u>	Intermediate (ICF)	<u>95</u>	<u>34,675</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>144</u>	TOTALS	<u>144</u>	<u>52,560</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>5,748</u>	<u>6,481</u>	<u>2,763</u>	<u>14,992</u>	8
9	SNF/PED					9
10	ICF	<u>14,747</u>	<u>17,112</u>		<u>31,859</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>20,495</u>	<u>23,593</u>	<u>2,763</u>	<u>46,851</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 89.14%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Nonallowable expenses have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒NO ☐

I. On what date did you start providing long term care at this location?

Date started 6/27/63

J. Was the facility purchased or leased after January 1, 1978?

YES ☐Date NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 49 and days of care provided 2,763Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 6/30/02Fiscal Year: 6/30/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Pinecrest Manor

0012765

Report Period Beginning: 7/1/2001

Ending: 6/30/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	378,354	27,283	6,394	412,031		412,031	(61,706)	350,325			1
2	Food Purchase		349,998		349,998		349,998	(102,210)	247,788			2
3	Housekeeping	152,935	32,607	3,646	189,188		189,188	(29,942)	159,246			3
4	Laundry	96,726	12,370		109,096		109,096	(3,921)	105,175			4
5	Heat and Other Utilities			198,943	198,943		198,943		198,943			5
6	Maintenance	165,590	13,137	91,320	270,047		270,047	(59,590)	210,457			6
7	Other (specify):*											7
8	TOTAL General Services	793,605	435,395	300,303	1,529,303		1,529,303	(257,369)	1,271,934			8
	B. Health Care and Programs											
9	Medical Director			3,900	3,900		3,900		3,900			9
10	Nursing and Medical Records	2,439,947	90,231	282,360	2,812,538		2,812,538	(17,743)	2,794,795			10
10a	Therapy	24,657		170,176	194,833		194,833		194,833			10a
11	Activities	123,513	8,658	2,838	135,009		135,009	(1,517)	133,492			11
12	Social Services	86,789		652	87,441		87,441		87,441			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,674,906	98,889	459,926	3,233,721		3,233,721	(19,260)	3,214,461			16
	C. General Administration											
17	Administrative	68,880			68,880		68,880		68,880			17
18	Directors Fees											18
19	Professional Services			49,897	49,897		49,897		49,897			19
20	Dues, Fees, Subscriptions & Promotions			20,847	20,847		20,847		20,847			20
21	Clerical & General Office Expenses	206,639	38,145	54,091	298,875		298,875	(86,506)	212,369			21
22	Employee Benefits & Payroll Taxes			677,505	677,505		677,505	(47,783)	629,722			22
23	Inservice Training & Education			1,128	1,128		1,128		1,128			23
24	Travel and Seminar			9,268	9,268		9,268	(2,172)	7,096			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			50,862	50,862		50,862		50,862			26
27	Other (specify):*											27
28	TOTAL General Administration	275,519	38,145	863,598	1,177,262		1,177,262	(136,461)	1,040,801			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,744,030	572,429	1,623,827	5,940,286		5,940,286	(413,090)	5,527,196			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			360,846	360,846		360,846	18,284	379,130			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			322,265	322,265		322,265	(30,542)	291,723			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			683,111	683,111		683,111	(12,258)	670,853			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		82,791		82,791		82,791		82,791			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			78,840	78,840		78,840		78,840			42
43	Other (specify):* Nonallowable Costs	79,776	912	100,794	181,482		181,482	(181,482)				43
44	TOTAL Special Cost Centers	79,776	83,703	179,634	343,113		343,113	(181,482)	161,631			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,823,806	656,132	2,486,572	6,966,510		6,966,510	(606,830)	6,359,680			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor

0012765

Report Period Beginning:

07/01/01

Ending:

6/30/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals	(15,894)	2		4
5 Telephone, TV & Radio in Resident Rooms	(296)	21		5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	18,284	30		9
10 Interest and Other Investment Income	(30,542)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax				13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment				19
20 Contributions				20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(40,000)	43		24
25 Fund Raising, Advertising and Promotional				25
26 Income Taxes and Illinois Personal Property Replacement Tax				26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule See attached Schedule 5A	(163,856)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (232,304)		\$	30

OHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)	(374,526)		34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (374,526)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (606,830)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		X	\$		38
39					39
40 Gift and Coffee Shops		X			40
41 Barber and Beauty Shops		X			41
42 Laboratory and Radiology		X			42
43 Prescription Drugs		X			43
44 Exceptional Care Program		X			44
45 Other-Attach Schedule		X			45
46 Other-Attach Schedule		X			46
47 TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Pinecrest Manor

ID# 0012765

Report Period Beginning: #REF!

Ending: 6/30/02

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

Pinecrest Manor
Provider # 0012765
6/30/2002

Schedule 5A

Schedule VI. Part A - Adjustment Detail, Line 29

<u>Non-allowable expenses</u>	<u>Amount</u>	<u>Reference</u>
Vending income offset	(12,342)	2
Capitalize repairs & maintenance	(7,715)	6
Nonallowable travel and seminar	(2,172)	24
Miscellaneous income offset	(145)	21
Developmental wages	(79,776)	43
Other developmental costs	(23,473)	43
Nonallowable trustee expense	(485)	43
Nonallowable publications	(19,325)	43
Nonallowable loss on disposal of asset	(7,014)	43
Nonallowable cable tv	(11,409)	43
Total	<u>(163,856)</u>	

See Accountants' Compilation Report

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

#REF!

Ending:

6/30/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	(61,706)	0	0	0	0	0	0	0	0	0	(61,706)	1
2	Food Purchase	(15,894)	(73,974)	0	0	0	0	0	0	0	0	0	(89,868)	2
3	Housekeeping	0	(29,942)	0	0	0	0	0	0	0	0	0	(29,942)	3
4	Laundry	0	(3,921)	0	0	0	0	0	0	0	0	0	(3,921)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	(51,875)	0	0	0	0	0	0	0	0	0	(51,875)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(15,894)	(221,418)	0	0	0	0	0	0	0	0	0	(237,312)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(17,743)	0	0	0	0	0	0	0	0	0	(17,743)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	(17,743)	0	0	0	0	0	0	0	0	0	(17,743)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(296)	(87,582)	0	0	0	0	0	0	0	0	0	(87,878)	21
22	Employee Benefits & Payroll Taxes	0	(47,783)	0	0	0	0	0	0	0	0	0	(47,783)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(296)	(135,365)	0	0	0	0	0	0	0	0	0	(135,661)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(16,190)	(374,526)	0	0	0	0	0	0	0	0	0	(390,716)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

#REF!

Ending:

6/30/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	18,284	0	0	0	0	0	0	0	0	0	0	18,284	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(30,542)	0	0	0	0	0	0	0	0	0	0	(30,542)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(12,258)	0	0	0	0	0	0	0	0	0	0	(12,258)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(40,000)	0	0	0	0	0	0	0	0	0	0	(40,000)	43
44	TOTAL Special Cost Centers	(40,000)	0	0	0	0	0	0	0	0	0	0	(40,000)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(68,448)	(374,526)	0	0	0	0	0	0	0	0	0	(442,974)	45

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

7/1/2001

Ending:

6/30/02

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Brethren Home	100.00%			Pinecrest Village	Mt. Morris, IL	Retirement
						Community
				Pinecrest	Mt. Morris, IL	Fund Raising
				Foundation		Foundation

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	1 Dietary salary	\$ 61,706	Pinecrest Village	**	\$	\$ (61,706) 1
2	V	2 Food	73,974	Pinecrest Village	**		(73,974) 2
3	V	3 Housekeeping salary	29,942	Pinecrest Village	**		(29,942) 3
4	V	4 Laundry salary	3,921	Pinecrest Village	**		(3,921) 4
5	V	6 Plant salary	51,875	Pinecrest Village	**		(51,875) 5
6	V	10 Nursing salary	17,743	Pinecrest Village	**		(17,743) 6
7	V	21 Other administrative salary	87,582	Pinecrest Village	**		(87,582) 7
8	V	22 Employee benefits and payroll taxes	47,783	Pinecrest Village	**		(47,783) 8
9	V						9
10	V						10
11	V						11
12	V			**Pinecrest Manor and Pinecrest Village share a common Board of Directors			12
13	V						13
14	Total		\$ 374,526			\$	\$ * (374,526) 14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/2001 Ending: 6/30/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4	See Listing of Board of Directors Attached.								None		4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

7/1/2001

Ending:

6/30/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (____) _____

Fax Number (____) _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4				N/A					4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 7/1/2001 Ending: 6/30/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	American National Bank		x	Bond Issue	Interest Only	6/17/00	\$ 5,200,000	\$ 4,885,000	6/27/27	0.0458	\$ 212,991	1	
2	Ameritech Credit Corporation		x	Phone System Lease	\$938.03	10/1/98	56,282	13,947	12/10/03	0.1050	2,002	2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$938.03		\$ 5,256,282	\$ 4,898,947			\$ 214,993	9	
	B. Non-Facility Related*												
10								Amortization of bond issue costs			9,191	10	
11								Letter of credit fees			98,081	11	
12								Interest income offset			(30,542)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 76,730	14	
15	TOTALS (line 9+line14)						\$ 5,256,282	\$ 4,898,947			\$ 291,723	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Page 10
6/30/02**SEE ACCOUNTANTS' COMPILATION REPORT**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pinecrest Manor COUNTY Ogle

FACILITY IDPH LICENSE NUMBER 0012765

CONTACT PERSON REGARDING THIS REPORT Vernon Showalter

TELEPHONE (815) 734 - 4103 FAX #: (815) 734 - 7131

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
2. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
TOTALS		\$ <u>None</u>	\$ <u>None</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:
 79,970
 B. General Construction Type:
 Exterior
 Brick
 Frame
 Wood
 Number of Stories
 1

C. Does the Operating Entity?
 ☒ (a) Own the Facility
 ☐ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?
 ☒ (a) Own the Equipment
 ☐ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

Pinecrest Village - Retirement Community:
 Congregate living units - 48 units; 60,413 square feet
 Independent living units - 9 units; 12,079 square feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:
 N/A
 2. Number of Years Over Which it is Being Amortized:
 N/A

3. Current Period Amortization:
 N/A
 4. Dates Incurred:
 N/A

Nature of Costs:
 N/A

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	443,048	1889	\$ 20,626	1
2					2
3	TOTALS	443,048		\$ 20,626	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor

0012765

Report Period Beginning:

7/1/2001

Ending:

6/30/02

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	116	1963	1963	\$ 1,248,321	\$ 24,966	50	\$ 24,966		\$ 979,565
5		1964	1964	13,640	273	50	273		10,477
6		1965	1965	400	8	50	8		300
7		1963	1965	67,803		5-20			67,803
8		1987	1987	43,345		5-10			43,345
Improvement Type**									
9	Building Improvements	1965		5,475	144	38	144		5,256
10	Building Improvements	1969		3,231	58	15-45	58		2,568
11	Building Improvements	1971		9,871	203	5-42	203		7,744
12	Building Improvements	1972		4,539		10			4,539
13	Building Improvements	1973		567		5			567
14	Building Improvements	1974		130,481	2,401	5-50	2,401		78,865
15	Building Improvements	1975		17,918		10-15			17,918
16	Building Improvements	1976		22,483	505	5-38	505		21,541
17	Building Improvements	1977		12,308		10			12,308
18	Building Improvements	1978		1,354		5-10			1,354
19	Building Improvements	1979		10,885		7			10,885
20	Building Improvements	1980		6,121		5			6,121
21	Building Improvements	1981		8,640		10			8,640
22	Building Improvements	1982		54,612		5-10			54,612
23	Building Improvements	1983		65,748		5-10			65,748
24	Building Improvements	1984		74,218		5-10			74,218
25	Building Improvements	1985		28,402		5-10			28,402
26	Building Improvements	1986		53,789		5			53,789
27	Garage	1983		11,892		10			11,892
28	Brethren - House	1977		19,500		25	280	280	19,500
29	Brethren - Renovations	1980		40,698		25	1,628	1,628	36,775
30	Brethren - Insulation	1981		2,149		10			2,149
31	Brethren - Garage	1984		10,692		10			10,692
32	Brethren - Bath Remodel	1986		1,296		5			1,296
33	Brethren - Garage Improvement	1980		2,095		14			2,095
34	Energy Management	1985		3,180		10			3,180
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Pinecrest Manor

0012765

Report Period Beginning:

7/1/2001

Ending:

6/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Building (28 Beds)	1999	\$ 2,780,122	\$ 69,503	40	\$ 69,503		\$ 226,064		37
38	Carpeting	1989	805		10			805		38
39	Canopy Extension	1987	6,935		5-10			6,935		39
40	Entrance Way	1987	37,500	1,500	25	1,500		23,250		40
41	Building Improvements	1991	14,073		5-15			15,306		41
42	Building Improvements	1991	10,796	807	10-15	807		9,282		42
43	Capitalized Repairs	1991	1,652		10			1,652		43
44	Building Improvements	1992	5,649	474	10-20	474		4,976		44
45	Building Improvements	1992	3,071	307	10	307		2,917		45
46	Building Improvements	1992	1,380	92	15	92		874		46
47	Building Improvements	1993	3,049	305	10	305		2,898		47
48	Building Improvements	1993	28,880		5			34,656		48
49	Building Improvements	1994	4,485		20	224	224	1,904		49
50	Building Improvements	1994	621	41	15	41		349		50
51	Building Improvements	1994	14,328	955	15	955		9,074		51
52	Building Improvements	1994	14,178	945	15	945		8,033		52
53	Building Improvements	1995	630	42	15	42		315		53
54	Garage Improvements	1996	2,516		5			3,144		54
55	Blacktop Resurfacing	1996	4,902		5			5,706		55
56	Blacktop Resurfacing	1997	1,805	181	5	181		1,805		56
57	Patio doors	1997	1,285	128	10	128		704		57
58	Water softner	1997	12,260	1,226	10	1,226		6,743		58
59	Accordion door	1997	3,295	329	10	329		1,810		59
60	Roof repairs	1997	5,162		10	516	516	2,838		60
61	Furnace repairs	1997	2,358		10	236	236	1,298		61
62										62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 4,937,390	\$ 105,393		\$ 108,277	\$ 2,884	\$ 2,017,482		70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 4,937,390	\$ 105,393		\$ 108,277	\$ 2,884	\$ 2,017,482	1
2	Redecorating	1998	34,716		10	1,972	1,972	8,874	2
3	Countertop & wallcovering	1998	4,167	833	5	833		3,749	3
4	Door	1998	62	12	5	12		54	4
5	Paging system	1998	2,977	595	5	595		2,678	5
6	Wiring	1998	950	190	5	190		855	6
7	Asbestos Removal	1998	79,150		10	7,914	7,914	35,613	7
8	Redecorating	1999	43,753		10	4,375	4,375	15,313	8
9	Asbestos Removal	1999	17,255		10	1,726	1,726	6,041	9
10	Pipe insulation	1999	6,625		10	662	662	2,317	10
11	Landscaping	1999	8,310	831	10	831		2,908	11
12	Signs	1999	10,583	2,117	5	2,117		7,409	12
13	Roof	1999	55,935	3,729	15	3,729		13,063	13
14	Windows	1999	20,688	1,379	15	1,379		4,827	14
15	HVAC Improvement	1999	2,000	133	15	133		466	15
16	Fixed Equipment	1999	80,501	16,100	5	16,100		56,350	16
17	Wing 4 addition and modernization	1999	858,673	21,467	40	21,467		69,815	17
18	Kitchen modernization	1999	602,543	15,064	40	15,064		49,657	18
19	Heating & cooling renovation	1999	1,486,082	37,152	40	37,152		120,820	19
20	Fresh air unit	1999	329,276	8,232	40	8,232		26,772	20
21	Emergency/supplemental electricity	1999	219,518	5,488	40	5,488		17,848	21
22	Security system	1999	11,190	1,398	40	280	(1,118)	1,220	22
23	Retention pond	1999	25,282	632	40	632		2,059	23
24	Sidewalks and outdoor lighting	1999	31,556	789	40	789		2,566	24
25	Additional modernization	2000	42,948	2,147	20	2,147		5,368	25
26	Flooring	2000	22,767	4,553	5	4,553		11,383	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,934,897	\$ 228,234		\$ 246,649	\$ 18,415	\$ 2,485,507	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)								
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar								
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12B, Carried Forward		\$ 8,934,897	\$ 228,234		\$ 246,649	\$ 18,415	\$ 2,485,507	1
2 Windows	2000	10,325	516	20	516		1,290	2
3 Firewall	2000	39,232	1,962	20	1,962		4,905	3
4 Security system	2000	191	19	10	19		48	4
5 Remodeling	2000	14,848	2,970	5	2,970		7,425	5
6 Landscaping	2000	645	64	10	64		450	6
7 Additional asbestos removal	2000	1,200		10	120	120	300	7
8 Roofing	2000	2,884		10	288	288	720	8
9 Security system & fire alarm system	2000	3,631		10	363	363	908	9
10 Additional kitchen modernization	2000	2,756	137	20	137		343	10
11 Timeclock & security system	2000	3,283	328	10	328		820	11
12 Security and Entrance Doors	2000	24,520	2,452	10	2,452		3,678	12
13 HVAC	2001	2,664	266	10	266		399	13
14 Firewall	2000	3,436	342	10	342		513	14
15 Additional kitchen modernization	2000	10,361	1,036	10	1,036		1,554	15
16 Planning for modernization of rehabilitation rooms	2002	1,850	46	20	46		46	16
17 Roofing	2001	36,573	1,219	15	1,219		1,219	17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 9,093,296	\$ 239,591		\$ 258,777	\$ 19,186	\$ 2,510,125	34

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,022,728	\$ 105,448	\$ 105,448	\$	5-10 Years	\$ 749,584	71
72	Current Year Purchases	74,296	8,619	8,619		5-10 Years	8,619	72
73	Fully Depreciated Assets	318,067					318,067	73
74								74
75	TOTALS	\$ 1,415,091	\$ 114,067	\$ 114,067	\$		\$ 1,076,270	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Long Term Care	94 Chevy Truck	1994	\$ 14,556	\$ 1,456	\$ 1,456	\$	10	\$ 10,920	76
77	Long Term Care	94 Dodge Van-Wheelchair	1994	22,946	2,295	2,295		10	17,212	77
78	Long Term Care	94 Dodge Van	1994	7,355	736	736		10	6,255	78
79	Long Term Care	97 Safari Van	1997	17,994	1,799	1,799		10	9,895	79
80	TOTALS			\$ 62,851	\$ 6,286	\$ 6,286	\$		\$ 44,282	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,591,864	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 359,944	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 379,130	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 19,186	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,630,677	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	94 - Buick - 1994	\$ 14,025	\$ 1,402	\$ 10,518	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 14,025	\$ 1,402	\$ 10,518	91

G. Construction-in-Progress

	Description	Cost	
92	Solarium	\$ 6,153	92
93			93
94			94
95		\$ 6,153	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2003 \$

13. /2004 \$

14. /2005 \$

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			N/A		18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	668	\$ 60,972	\$	668	\$ 60,972	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		32	5,040		32	5,040	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C 1 & 3	765 hrs	24,657	1,125	96,326		1,890	120,983	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				82,791		82,791	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): General Consulting	L10A, C3			105	7,838		105	7,838	13
14	TOTAL			\$ 24,657	1,930	\$ 170,176	\$ 82,791	2,695	\$ 277,624	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 27,073	\$ 27,703	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 45,000)	761,471	761,471	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,819	25,819	6
7	Other Prepaid Expenses	65,066	65,066	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See attached Schedule 17A	6,414	6,414	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 885,843	\$ 886,473	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	448,503	448,503	11
12	Long-Term Investments			12
13	Land	20,626	20,626	13
14	Buildings, at Historical Cost	8,601,773	9,093,296	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,757,134	1,477,942	16
17	Accumulated Depreciation (book methods)	(3,479,562)	(3,630,677)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See attached Schedule 17A	199,964	206,117	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,548,438	\$ 7,615,807	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,434,281	\$ 8,502,280	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 189,854	\$ 189,854	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	130,276	130,276	29
30	Accrued Salaries Payable	310,278	310,278	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,626	23,626	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached Schedule 17A	1,670,866	1,670,866	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,324,900	\$ 2,324,900	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,671	3,671	39
40	Mortgage Payable			40
41	Bonds Payable	4,765,000	4,765,000	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,768,671	\$ 4,768,671	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,093,571	\$ 7,093,571	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,340,710	\$ 1,408,709	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,434,281	\$ 8,502,280	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Pinecrest Manor
 Provider # 0012765
 6/30/2002

Schedule 17A

	<u>Operating</u>	<u>After Consolidation</u>
Schedule XV - Line 9 Other Current Assets		
Benefits Bank Account	4,771	4,771
Employee A/R	70	70
Benefits Bank	1,573	1,573
	<u>6,414</u>	<u>6,414</u>
Schedule XV - Line 23 Other Assets		
Unamortized Bond Costs	199,964	199,964
Construction in progress	-	6,153
	<u>199,964</u>	<u>206,117</u>
Schedule XV - Line 36 Other Current Liabilities		
Due From Related Party	173,000	173,000
Bank Overdraft	1,480,527	1,480,527
Restricted Funds Account	6,363	6,363
Founders Escrow	5,500	5,500
Other	5,476	5,476
	<u>1,670,866</u>	<u>1,670,866</u>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,886,513	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,886,513	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(569,959)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (569,959)	17
	B. Transfers (Itemize):		
18	Transfers from Brethren Home Fund	24,156	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 24,156	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,340,710	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,364,474	1
2	Discounts and Allowances for all Levels	(847,416)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,517,058	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	285,698	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 285,698	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,026	13
14	Non-Patient Meals	15,894	14
15	Telephone, Television and Radio	296	15
16	Rental of Facility Space		16
17	Sale of Drugs	74,638	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,723	19
20	Radiology and X-Ray	850	20
21	Other Medical Services	68,349	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 166,776	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	30,542	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 30,542	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See attached Schedule 19A	396,477	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 396,477	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,396,551	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	1,529,303	31
32	Health Care	3,233,721	32
33	General Administration	1,177,262	33
B. Capital Expense			
34	Ownership	683,111	34
C. Ancillary Expense			
35	Special Cost Centers	264,273	35
36	Provider Participation Fee	78,840	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,966,510	40
41	Income before Income Taxes (line 30 minus line 40)**	(569,959)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (569,959)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Pinecrest Manor
Provider # 0012765
6/30/2002

Schedule 19A

Schedule XVII - Line 28 Other Revenue

Pinecrest Village Management Fee	373,248
Pinecrest Village Meals	9,820
Pinecrest Village Transportation	133
Maintenance Services	20
Service Supplies	319
Vending Machine Income	12,342
Miscellaneous Income	145
Electric Curtailment Income	450
Total	<u><u>396,477</u></u>

See Accountants' Compilation Report

Facility Name & ID Number **Pinecrest Manor**# **0012765**Report Period Beginning: **7/1/2001**Ending: **6/30/02****XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,889	2,221	\$ 51,976	\$ 23.40	1
2	Assistant Director of Nursing	1,485	1,745	40,839	23.40	2
3	Registered Nurses	23,425	25,982	495,846	19.08	3
4	Licensed Practical Nurses	27,503	30,306	455,243	15.02	4
5	Nurse Aides & Orderlies	117,330	128,398	1,353,424	10.54	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	717	765	24,657	32.23	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,472	12,116	123,513	10.19	10
11	Social Service Workers	5,263	6,092	86,789	14.25	11
12	Dietician					12
13	Food Service Supervisor	4,428	4,996	76,484	15.31	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,756	6,419	53,882	8.39	15
16	Dishwashers	35,135	37,750	247,988	6.57	16
17	Maintenance Workers	11,795	13,455	165,590	12.31	17
18	Housekeepers	19,396	21,853	152,935	7.00	18
19	Laundry	10,424	11,563	96,726	8.37	19
20	Administrator	1,840	2,080	68,880	33.12	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,664	14,198	206,639	14.55	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,829	2,089	24,287	11.63	31
32	Other Health Care(specify)					32
33	Other(specify) See attach. Sch 20	5,059	5,785	98,108	16.96	33
34	TOTAL (lines 1 - 33)	296,410	327,813	\$ 3,823,806 *	\$ 11.66	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	3,900	L9, C3	36
37	Medical Records Consultant	4	100	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,481	L10, C8	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,520	L11, C3	44
45	Social Service Consultant	12	552	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	\$ 9,553		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,186	\$ 48,701	L10, C3	50
51	Licensed Practical Nurses	1,655	54,670	L10, C3	51
52	Nurse Aides	7,181	145,681	L10, C3	52
53	TOTAL (lines 50 - 52)	10,022	\$ 249,052		53

SEE ACCOUNTANTS' COMPILATION REPORT

Pinecrest Manor
Provider # 0012765
6/30/2002

Schedule 20A

XVIII. A. STAFFING AND SALARY COSTS - Line 33

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Nurse Scheduler	1,374	1,524	18,332	12.03
Development	3,685	4,261	79,776	18.72
Total	5,059	5,785	98,108	

See Accountants' Compilation Report

Facility Name & ID Number **Pinecrest Manor**

XIX. SUPPORT SCHEDULES

STATE OF ILLINOIS

0012765

Report Period Beginning: **7/1/2001**

Page 21

Ending: **6/30/02**

A. Administrative Salaries <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">Function</th> <th style="width: 10%;">Ownership %</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Vernon Showalter</td> <td>Administrator</td> <td>0%</td> <td style="text-align: right;">68,880</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3">TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)</td> <td style="text-align: right;">\$ 68,880</td> </tr> </tbody> </table>				Name	Function	Ownership %	Amount	Vernon Showalter	Administrator	0%	68,880																	TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 68,880	D. Employee Benefits and Payroll Taxes <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>Workers' Compensation Insurance</td><td style="text-align: right;">\$ 71,904</td></tr> <tr><td>Unemployment Compensation Insurance</td><td> </td></tr> <tr><td>FICA Taxes</td><td style="text-align: right;">255,877</td></tr> <tr><td>Employee Health Insurance</td><td style="text-align: right;">204,216</td></tr> <tr><td>Employee Meals</td><td> </td></tr> <tr><td>Illinois Municipal Retirement Fund (IMRF)*</td><td> </td></tr> <tr><td>Employer Pension Contributions</td><td style="text-align: right;">66,776</td></tr> <tr><td>Employee Physicals</td><td style="text-align: right;">3,724</td></tr> <tr><td>Employee Goodwill</td><td style="text-align: right;">5,513</td></tr> <tr><td>Employee Dental Insurance</td><td style="text-align: right;">5,077</td></tr> <tr><td>Other Employee Benefits</td><td style="text-align: right;">16,635</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL (agree to Schedule V, line 22, col.8)</td> <td style="text-align: right;">\$ 629,722</td> </tr> </tbody> </table>				Description	Amount	Workers' Compensation Insurance	\$ 71,904	Unemployment Compensation Insurance		FICA Taxes	255,877	Employee Health Insurance	204,216	Employee Meals		Illinois Municipal Retirement Fund (IMRF)*		Employer Pension Contributions	66,776	Employee Physicals	3,724	Employee Goodwill	5,513	Employee Dental Insurance	5,077	Other Employee Benefits	16,635					TOTAL (agree to Schedule V, line 22, col.8)	\$ 629,722	F. Dues, Fees, Subscriptions and Promotions <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>IDPH License Fee</td><td style="text-align: right;">\$ </td></tr> <tr><td>Advertising: Employee Recruitment</td><td style="text-align: right;">8,200</td></tr> <tr><td>Health Care Worker Background Check (Indicate # of checks performed _____)</td><td> </td></tr> <tr><td>Life Services Network of Illinois</td><td style="text-align: right;">8,314</td></tr> <tr><td>Miscellaneous Subscriptions</td><td style="text-align: right;">3,074</td></tr> <tr><td>Miscellaneous Dues</td><td style="text-align: right;">1,259</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Less: Public Relations Expense (_____)</td><td> </td></tr> <tr><td>Non-allowable advertising (_____)</td><td> </td></tr> <tr><td>Yellow page advertising (_____)</td><td> </td></tr> <tr> <td>TOTAL (agree to Sch. V, line 20, col. 8)</td> <td style="text-align: right;">\$ 20,847</td> </tr> </tbody> </table>				Description	Amount	IDPH License Fee	\$	Advertising: Employee Recruitment	8,200	Health Care Worker Background Check (Indicate # of checks performed _____)		Life Services Network of Illinois	8,314	Miscellaneous Subscriptions	3,074	Miscellaneous Dues	1,259							Less: Public Relations Expense (_____)		Non-allowable advertising (_____)		Yellow page advertising (_____)		TOTAL (agree to Sch. V, line 20, col. 8)	\$ 20,847
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* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 6 7 8 9 10 11 12 13 Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3								N/A					
4													
5													
6													
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14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network of Illinois; \$8,314
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 26,174 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 78,840
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 15,894
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? None
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Altschuler, Melvoin & Glasser LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit currently in progress
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

0

03:56 PM 11/04/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-606,830	equal to	-606,830	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	291,723	equal to	291,723	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	379,130	equal to	379,130	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	0	equal to	0	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	24,657	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	186,995	equal to	194,833	-7,838	FAILED	Pg16 Z12+Z14...	N/A/B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	82,791	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,529,303	equal to	1,529,303	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	3,233,721	equal to	3,233,721	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	1,177,262	equal to	1,177,262	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	683,111	equal to	683,111	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	264,273	equal to	264,273	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	78,840	equal to	78,840	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,421,615	equal to	2,439,947	-18,332	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	24,657	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	123,513	equal to	123,513	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	86,789	equal to	86,789	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	378,354	equal to	378,354	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	165,590	equal to	165,590	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	152,935	equal to	152,935	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	96,726	equal to	96,726	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	68,880	equal to	68,880	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	206,639	equal to	206,639	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	3,823,806	equal to	3,823,806	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	6,394	-6,394	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	3,900	< or = to	3,900	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	251,633	< or = to	282,360	-30,727	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	2,520	< or = to	2,838	-318	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	552	< or = to	652	-100	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	68,880	equal to	68,880	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to	0	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	49,897	equal to	49,897	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	629,722	equal to	629,722	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	20,847	equal to	20,847	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	7,096	equal to	7,096	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	78,840	equal to	78,840	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to	-47,783	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	2,763	equal to	2,763	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-374,526	equal to	-374,526	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4†	B.	14	8
Total loan balance	4,898,947	equal to	4,898,947	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	20,626	equal to	20,626	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	9,093,296	equal to	9,093,296	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	1,477,942	equal to	1,477,942	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,630,677	equal to	3,630,677	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,340,710	equal to	1,340,710	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-569,959	equal to	-569,959	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	8,434,281	equal to	8,434,281	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	378,354	27,283	6,394	412,031	0	412,031	-61,706	350,325
2. Food Purchase	0	349,998	0	349,998	0	349,998	-102,210	247,788
3. Housekeeping	152,935	32,607	3,646	189,188	0	189,188	-29,942	159,246
4. Laundry	96,726	12,370	0	109,096	0	109,096	-3,921	105,175
5. Heat and Other Utilities	0	0	198,943	198,943	0	198,943	0	198,943
6. Maintenance	165,590	13,137	91,320	270,047	0	270,047	-59,590	210,457
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	793,605	435,395	300,303	1,529,303	0	1,529,303	-257,369	1,271,934
9. Medical Director	0	0	3,900	3,900	0	3,900	0	3,900
10. Nursing & Medical Records	2,439,947	90,231	282,360	2,812,538	0	2,812,538	-17,743	2,794,795
10a. Therapy	24,657	0	170,176	194,833	0	194,833	0	194,833
11. Activities	123,513	8,658	2,838	135,009	0	135,009	-1,517	133,492
12. Social Services	86,789	0	652	87,441	0	87,441	0	87,441
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,674,906	98,889	459,926	3,233,721	0	3,233,721	-19,260	3,214,461
17. Administrative	68,880	0	0	68,880	0	68,880	0	68,880
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	49,897	49,897	0	49,897	0	49,897
20. Fees, Subscriptions & Promotion	0	0	20,847	20,847	0	20,847	0	20,847
21. Clerical & General Office	206,639	38,145	54,091	298,875	0	298,875	-86,506	212,369
22. Employee Benefits & Payroll	0	0	677,505	677,505	0	677,505	-47,783	629,722
23. Inservice Training & Education	0	0	1,128	1,128	0	1,128	0	1,128
24. Travel and Seminar	0	0	9,268	9,268	0	9,268	-2,172	7,096
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	50,862	50,862	0	50,862	0	50,862
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	275,519	38,145	863,598	1,177,262	0	1,177,262	-136,461	1,040,801
29. Total General Administrative	3,744,030	572,429	1,623,827	5,940,286	0	5,940,286	-413,090	5,527,196
30. Depreciation	0	0	360,846	360,846	0	360,846	18,284	379,130
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	322,265	322,265	0	322,265	-30,542	291,723
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	683,111	683,111	0	683,111	-12,258	670,853
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	82,791	0	82,791	0	82,791	0	82,791
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42. Provider Participation	0	0	78,840	78,840	0	78,840	0	78,840
43. Other (specify):*	79,776	912	100,794	181,482	0	181,482	-181,482	0
44. Total Special Cost Ce	79,776	83,703	179,634	343,113	0	343,113	-181,482	161,631
45. Grand Total	3,823,806	656,132	2,486,572	6,966,510	0	6,966,510	-606,830	6,359,680

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	27,073	27,703
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	761,471	761,471
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	25,819	25,819
7. Other Prepaid Expenses	65,066	65,066
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	6,414	6,414
10. Total current assets	-767,685	-767,685
LONG TERM ASSETS		
11. Long-Term Notes Receivable	448,503	448,503
12. Long-Term Investments	0	0
13. Land	20,626	20,626
14. Buildings, at Historical Cost	8,601,773	9,093,296
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	1,757,134	1,477,942
17. Accumulated Depreciation (book methods)	-3,479,562	-3,630,677
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	199,964	206,117
24. Total Long-Term Assets	7,548,438	7,615,807
25. Total Assets	6,780,753	6,848,122
CURRENT LIABILITIES		
26. Accounts Payable	189,854	189,854
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	130,276	130,276
30. Accrued Salaries Payable	310,278	310,278
31. Accrued Taxes Payable	23,626	23,626
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	1,670,866	1,670,866
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	671,373	671,373
LONG TERM LIABILITES		
39.Long-Term Notes Payable	3,671	3,671
40.Mortgage Payable	0	0
41.Bonds Payable	4,765,000	4,765,000
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	4,768,671	4,768,671
46.Total Liabilities	5,440,044	5,440,044
47.Total Equity	1,340,709	1,408,078
48.Total Liabilities and Equity	6,780,753	6,848,122

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,364,474
2. Discounts and Allowances for all Levels	-847,416
Subtotal - Inpatient Care	5,517,058
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	285,698
7. Oxygen	0
Subtotal - Ancillary Revenue	285,698
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	2,026
14. Non-Patient Meals	15,894
15. Telephone, Television, and Radio	296
16. Rental of Facility Space	0
17. Sale of Drugs	74,638
18. Sale of Supplies to Non-Patients	0
19. Laboratory	4,723
20. Radiology and X-Ray	850
21. Other Medical Services	68,349
22. Laundry	0
Subtotal - Other Operating Revenue	166,776
24. Contributions	0
25. Interest and Other Investments Income	30,542
Subtotal - Non-Operating Revenue	30,542
27. Other Revenue (specify):	396,477
28. Other Revenue (specify):	0
Subtotal - Other Revenue	396,477
30. Total Revenue	6,396,551
31. General Services	1,529,303
32. Health Care	3,233,721
33. General Administration	1,177,262
34. Ownership	683,111
35. Special Cost Centers	264,273
35. Provider Participation Fee	78,840
37. Other	0
40. Total Expenses	6,966,510
41. Income Before Income Taxes	-569,959
42. Income Taxes	0
43. Net Income or Loss for the Year	-569,959

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9 Line 16 for mortgage insurance.

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